

(1) Your Name: _____
Your Address: _____
Your Phone: _____
ATLAS No. (if applicable): _____
State Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA**

)	
Petitioner)	
VS.)	Case No. _____
)	
Respondent)	AFFIDAVIT OF DIRECT PAYMENTS

(Use this form if you made payments directly to the other party, NOT through the Clerk of the Court. It is best if you have receipts to prove you made these payments. Bring this form and copies of all receipts to the court hearing)

I am the party obligated to make payments to (name) _____
under court order. I swear that the following list is a true and accurate account of direct payments I made to that person, and the person received the payments.

Subscribed to and sworn before me this date _____ by _____

Notary public or Deputy Clerk

My commission expires: _____

SCHEDULE OF DIRECT PAYMENTS

YEAR: _____	YEAR: _____	YEAR: _____	YEAR: _____	YEAR: _____
Month Amt Pd.	Month Amt Pd.	Month Amt Pd.	Month Amt Pd.	Month Amt Pd.
Jan. _____	Jan. _____	Jan. _____	Jan. _____	Jan. _____
Feb. _____	Feb. _____	Feb. _____	Feb. _____	Feb. _____
Mar. _____	Mar. _____	Mar. _____	Mar. _____	Mar. _____
Apr. _____	Apr. _____	Apr. _____	Apr. _____	Apr. _____
May _____	May _____	May _____	May _____	May _____
June _____	June _____	June _____	June _____	June _____
July _____	July _____	July _____	July _____	July _____
Aug. _____	Aug. _____	Aug. _____	Aug. _____	Aug. _____
Sept. _____	Sept. _____	Sept. _____	Sept. _____	Sept. _____
Oct. _____	Oct. _____	Oct. _____	Oct. _____	Oct. _____
Nov. _____	Nov. _____	Nov. _____	Nov. _____	Nov. _____
Dec. _____	Dec. _____	Dec. _____	Dec. _____	Dec. _____